

INFANTS' DIETARY

Nine Months to Three Years

as recommended at

Stonefield Maternity Home

Kidbrooke Grove, Blackheath, London, S.E. 3

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INFANTS' DIETARY.

NINE MONTHS TO THREE YEARS.

THE FIRST NINE MONTHS.

MODERN research confirms the fact that breast-feeding is in every way superior to bottle-feeding.

Detailed suggestions for the management of breast and bottle feeding and the introduction of fruit and vegetable juices and pulps from an early age are given in "Infant Feeding, the first nine months" (obtainable from the Secretary, post free 1s.).

If all goes well, weaning should begin when the baby is eight months old, but the welfare of both the mother and child should be taken into consideration, and earlier weaning is not infrequently advantageous to both. Directions for weaning without the use of cow's milk are given as an appendix to this dietary. When cow's milk is chosen, a fresh milk mixture should be used in preference to dried milk and weaning should be carried out according to the tables on page 18 of this pamphlet. These tables are based on those used by the Truby King organisations all over the world. Our three chief differences and developments from them consist of (1) the use of Stonefield Cream in place of New Zealand Cream, (2) the omission of meat, fish or meat gravies from the menus, (3) an earlier introduction and wider use of fruit and vegetable pulps, and a smaller use of cereals. Departures from the teachings of that great pioneer have only been made after careful consideration in accordance with our principles set out in the following pages, and as the outcome of our experience with over 2,000 children brought up according to our dietaries.

For a description of Stonefield Cream and a list of equivalents, see page 24.

GENERAL CONSIDERATIONS.

In the light of modern research, the conventional English diet is seen to contain far too much stodgy food and not nearly enough uncooked food. These facts are now known to be responsible for a great deal of ill-health and disease. In their final report on nutrition, published in Geneva in 1937, a committee of the world's experts makes very strong recommendations in favour of the use of more "protective" foods and the education of the public concerning their value. Fresh fruit, fruit juices, green vegetables and salads are included in the list of protective foods. In the case of children, the need for vitamins, and probably for other vital elements as

yet undefined, but "protective," is even greater than in the case of adults and is actually of paramount importance because these elements are necessary for proper growth and development. Rickets is one of the known results of a shortage of vitamins and this condition has been disgracefully prevalent. Since cooking and all factory processes interfere to some extent with the potency of these vital elements, as much uncooked food as possible should be included in the infants' dietary. In our experience, babies fed in the way suggested are not subject to rickets. In this connection it should be noted that rickets is a condition often produced antenatally, and is likely to be an inherited family tendency. Babies are born with extreme variations in the width of their fontanelles and cranial sutures: e.g., a rickety tendency can be detected at birth and is not necessarily *produced* by the food given in the first few years of life. But this tendency, if present, can be treated and ultimately cured by the right diet, extra vitamins and exposure to sunlight. With regard to teething, babies fed on this diet, especially on the milk-free diet, cut their teeth earlier and more easily than the so-called normal baby, unless they are already handicapped by the tendency to a rickety condition; even in the latter case most of these babies cut all their teeth well before the end of the second year. In short we have proved that far from *producing* rickets, our diets remedy or cure this condition more efficiently than the methods usually recommended.

Very many of those who have made a special study of diet recommend a meatless one throughout life. We have had the opportunity of observing some hundreds of infants pass through the first few years of life on a flesh-free diet and develop into strong healthy children of public school age. (As Stonefield was opened in 1920 we have had time to observe this progress.) We are convinced that the eating of flesh foods is wrong in principle, and consider that they are definitely harmful to children, that the toxins contained in them, or produced during the digestion of them, prevent the child from attaining as good health as he would otherwise enjoy, and that they are actually the cause of certain diseases, particularly sepsis. In our experience, children brought up on a fresh food diet, excluding meat and fish, as a group are definitely better developed, more immune from the diseases of childhood, more healthy in mind and body, less nervous and irritable, less fearful of the dark and less subject to nightmares, more happy and free in their associations with animals and birds, than children fed on meat or brought up in the way that was conventional twenty years ago. Regarding older children and adults, we have observed a large number living successfully on a vegetarian diet. Most modern schools now have a vegetarian table. The Rev. W. A. Sibly, M.A., J.P., Headmaster of Wycliffe College, Glos., in a paper *

* "Vegetarianism and the Growing Boy." (The London Vegetarian Society, 6 Duke Street, Adelphi, W.C.2. Price 3d.)

comparing the health of the boys in the vegetarian house with those in the other houses of his school, writes :—" In view of all the facts, indeed, is it not rather ludicrous for eminent doctors to talk about the danger, and even the impossibility, of bringing up boys and girls without recourse to meat ? I see boy after boy grow up through a happy healthful boyhood to lusty young manhood on a vegetarian diet. I live with them, observe them daily, note their vitality and their splendid complexions, travel with them in this and many other lands."

Such diet is becoming recognised by every good catering firm ; parents need not fear that their children will be branded as cranks—more and more are they becoming accepted as pioneers. Most children have a natural distaste for meat, fish or fish oils. Whether they live in the town or country they are at some time or other distressed by the sight of butcher's shops, and by the idea that animals, fowls, etc., are killed for their food. Why should they be associated with all the fear and cruelty which attends the artificial breeding and slaughter necessary to supply the market ? Any parent who has heard a cow and calf, forcibly separated, crying for each other as bitterly and as piteously as any human mother and baby suddenly divided by death or disaster, cannot condone this system of cruelty. Any who open their minds to such considerations are bound to choose only a humane diet derived from sources which are not self-conscious.

The child prefers and thrives on a simple diet which may appear to the mother to be monotonous ; we have found that most children prefer their meals divided into one fruit meal (breakfast), one vegetable meal (lunch) and one cereal meal. In addition dried sweet fruits may be appreciated at any of these meals. A considerable variety is given in this dietary, to allow free choice to different types of children, but *all* the alternatives suggested need not be given at one meal or to one child.

The child's interest in food should not be artificially stimulated ; children do not normally expect special " treats " in the way of food, but all meals should be served in an appetising way. To a child's unspoilt " palate " natural flavours are preferable, without added seasoning. Salt should not be used at all except perhaps for washing vegetables : if these are conservatively cooked or used raw, the natural vegetable salts are retained, and the addition of mineral salt is not only unnecessary but is definitely harmful to the body metabolism.

Those who have the care of children should try to learn to respect their right to refuse food. Each child is born with a set of instincts which are perfectly adequate to ensure proper growth and development. Abnormalities in appetite almost always arise as a result of interference with these instincts. Where interference takes the form of urging to eat, the child is likely to refuse food. When food is withheld, as in families where the price of it

is a real consideration, the child will miss no opportunity of taking and eating any food within his reach. Children, whose parents have schooled themselves to stand aside both mentally and physically, show most astonishing skill in feeding themselves, and can even be trusted to select the best diet throughout a serious illness such as typhoid.

During teething the digestive mechanism is sometimes dislocated, and, therefore, cannot deal with the normal amount of food. Persuasion to eat then leads to most unfortunate consequences. Remember that the child feeds himself; the adult's duty is merely to put the food within reach.

When a bad appetite or difficulty with meals has already occurred, the child can often be greatly helped to overcome it by sharing his meals with normal children, for all children are imitative and to see other children eating is a powerful incentive to any child to do likewise. To see adults eating is also useful, provided that they have been schooled to make no comment on the child's idiosyncrasies.

Sometimes children will refuse food which has been prepared or handled, but will eat it if it is given whole, e.g., bananas, apples, carrots, sprouts, etc., may be accepted raw and whole. Many difficult children are interested in meals if they can fetch their own vegetables and fruit from a garden or shop. Other children will refuse food if in company, but if left quite alone and unobserved, will eat it by themselves. These are the more extreme cases of nervous strain imposed by anxious relatives who have tried to force food on the child, or perhaps by the mother who has been over-conscientious about her supposed "duty" to breast-feed the baby in its earlier months.

Fruit and green leaves absorb energy from the sun, and this becomes available as nourishment to the person eating them in the raw state. So a child whose diet contains a good proportion of raw fruit and salad needs less other food. It is probable too that this energy can, in part, be absorbed directly through the skin and this may be one factor bearing on the observation that children need less food in sunny weather and in the tropics.

Difficulties in feeding often occur in hot weather and are sometimes due to over-clothing.

Great care should be taken over any remarks repeatedly made in front of the child which *suggest* to him that he has a bad appetite. A child is very open to the power of suggestion and will go to great pains to keep up a reputation which other people may have given him.

While the baby has to be fed by mother or nurse, the presence of anyone else in the room is usually a disadvantage. This applies more particularly to strangers.

At about nine months the baby should be fed sitting up in a cot or chair, instead of in his mother's arms. This is one of the

steps that the child takes towards independence so, like others, it should not be forced, but agreed to as soon as the child himself is ready to make it. Others, besides the mother, should feed the child occasionally.

Older children should sit in small chairs at their own low table.

At any hour of the day or night the child should be allowed to drink water and encouraged to do so. In the event of any illness, especially fever or diarrhoea, a much larger quantity of water will be needed ; the child will sensibly refuse all solid foods and demand only fruit juice drinks diluted with water, or vegetable broths. His first choice of solid food should be preferably raw fruit (not milk or invalid foods !)

Water at the bedside should always be kept covered. Drinking water need not be boiled provided it comes from a reliable source. Very hard water is likely to irritate young babies but does not normally much affect older ones. Rain water is too soft to be used for more than a few days at a time. In the event of a baby staying for longer than this where only rainwater is supplied, some reliable mineral water such as Vichy or Contrexéville (Pavllon) should be obtained. Water from a water-softener which is regenerated by means of salt should never be taken by mouth by adults or babies either in cooking or as a drink. It is a moderately strong solution of sodium bicarbonate and most injurious for various reasons.

Three to four actions of the bowels a day should be regarded as normal. Constipation should be treated by the introduction of more laxative food and not by the use of purgatives.

Some residue of vegetable foods will appear in the stools even when the nourishing constituents have been absorbed ; so the appearance of such residue is no reason for the discontinuance of the foods concerned.

There is reason for supposing that inflammation and enlargement of the tonsils in childhood is associated with the eating of refined sugar and denatured starchy products such as white bread and polished rice, so care should be taken to avoid these foods as far as possible. Rice pudding has for this reason been omitted from this Dietary. Genuine potato flour is a useful form of starch.

Eczema, a fairly prevalent condition, beginning very often with scurfy patches on the scalp, can be certainly improved by use of this diet. It is, however, necessary to eliminate all animal products (milk, eggs, butter, cheese) and to substitute drinks made from fruit and vegetable juices or nut creams, or vegetable broths thickened with lentils, Trusoy (soya-bean flour) or pea-flour. A diet on these lines is given in the Appendix. A few ounces of water in which about half the weight of potato peel has been boiled will assist recovery if added to the diet. But detailed treatment of eczema is out of place here ; suffice it to say that no patent or medicated ointments should be used and the skin should be cleansed

daily by washing in softened water to which a small quantity of mild disinfectant such as Milton has been added. After the bath, the skin can be oiled with a good olive oil, if this prevents itching and scratching.

EIGHT TO TWELVE MONTHS.

Milk mixtures should be given according to the recipes on page 18 (8-14 months) after weaning is accomplished. Milk-free diets are shown on pages 26-34. In all cases include the additions suggested below.

The amounts given in these menus are calculated to supply the requirements of an average baby of average weight and will only approximate to the requirements of any individual baby. The healthiest babies make full use of all food and so will take and thrive on rather smaller quantities than those given. After the first two months of additional feeding, at whatever early age it may have been started (see pages 17-21 in our previous pamphlet), the quantity of fruit and vegetables given may be increased in a common-sense way according to the baby's capacity and power of digestion.

The quantities given below are based on the supposition that the baby has not previously taken anything but breast milk. Larger quantities of solids and fruit and vegetable juices may, with advantage, be offered to those babies who have started them earlier, as advised in the pamphlet dealing with the first nine months. All spoonfuls are to be measured level.

Many babies taking considerable amounts of fruit and vegetable pulps and drinks, will begin to refuse milk at one or more meals in the day. When this occurs milk should not be forced on the child, but it should be replaced by one or other of the alternative drinks suggested on pages 21-25. For example, the baby will often take fruit pulp and fruit juice or nut milk at 10 a.m., vegetable pulp and vegetable broth at 2 p.m., and cereal and milk at 5 to 6 p.m. This refusal of milk may occur at any age between 8 to 10 months. We know of numerous babies of 1 year or over who take only about 5 ozs. of milk in the day, and many others take none at all. These babies may require as much fruit and vegetable pulp as they want to eat. If hungry, they need not be limited to the quantities we suggest, but allowed what they need and can digest.

DAILY MEALS

ON WAKING.

MILK MIXTURE, 8 ozs. This amount may be reduced as more solid food is taken in the day. The water added to the day's supply of milk mixture becomes less each month, thus decreasing the total quantity of fluid. The feed should always be warmed.

SIX

STONEFIELD CREAM.—The day's supply of cream is to be divided amongst all the feeds ; i.e., give about $1\frac{1}{2}$ teaspoonfuls at each feed. It should be given off a spoon, in small mouthfuls during the feed. (A shallow mustard-spoon is a useful size for the baby to use.) If the cream is at any time refused, never disguise it in other food, but either persevere in offering small quantities or else give the baby 24-48 hours' rest from it.

If Stonefield Cream is not being used with the milk mixture, 5-10 drops of Radiostol (not Radiostoleum) should be given daily, with also extra carrot juice and Yeastrel or Daren Flakes. These of course, do not replace the fat and sugar, but merely provide vitamins.

8.45 A.M. OR BEFORE MORNING BATH.

FRUIT DRINK of mixed juices, half juice and half warm water, unless the baby prefers and can digest the juices undiluted. Use daily freshly-expressed orange juice, or fresh or unsalted tomato juice, or freshly-made potato water. (These juices supply vitamin C and are essential.) Add fresh or bottled grape juice, tinned pineapple juice, apple juice. If constipated use fig or raisin juice also.

If the baby has had no fruit juices before (see note on previous page), begin with 1 teaspoonful of one juice in 1 teaspoonful warm water. Add another teaspoonful of the same or different juices daily and their equivalent amount of water until the baby is taking at least 2 ozs. orange juice, $\frac{1}{2}$ oz. sweet grape juice and $\frac{1}{2}$ oz. some other juice with 3 ozs. water. Increase the juices and decrease the water by teaspoonfuls until he takes say 3 to 4 ozs. mixed juices with or without about 1 oz. warm water. Sweeten the drink with half a teaspoonful of honey if he prefers it so. Warm, *but do not overheat*, by standing the bottle in hot water. Give from a bottle, cup or spoon, whichever he prefers. (If using a bottle, strain the juice through a fine strainer or piece of muslin or gauze, or it will not go through the teat.) This fruit drink may become later part of a fruit breakfast. If the baby has wakened very early and had his first feed some hours ago, he may want to eat his fruit pulp with the fruit drink, instead of with his 10 a.m. milk bottle. This does not seem to matter ; it is usual, however, for the baby to wait quite happily for his 10 a.m. fruit pulp and milk feed. Methods for obtaining juices from fruits are given on pages 21-25.

10 A.M. BREAKFAST.

(1) FRUIT PULP ripe and preferably raw ; e.g., peeled and crushed grapes, mashed banana, finely-grated apple (washed but not peeled), melon, apricot, pear ; if constipated use *also* sieved fig or raisin pulp. Fruit and vegetable pulps are preferred warm.

Add 1 teaspoonful of honey.

Begin with 1 teaspoonful of one fruit, and add 1 teaspoonful of the same or other fruits twice a week or every other day until 2 tablespoonfuls are given.

At ten months, most babies can take 3 tablespoonfuls of pulp and at 12 months, about 4 tablespoonfuls or more.

When the fruit pulp is well tolerated, add 1 teaspoonful of either finely-ground almonds, granose almond cream, well-crushed pine kernels or Pitman's or Mapleton's Nut Cream. Increase this to about 1 tablespoonful by a year old, making the increase by teaspoonfuls.

Apart from unripe fruit and acid berries such as new gooseberries and currants, any fruit in season can be used, including stone fruit. Strawberries and raspberries are probably better avoided until about 12 months. The seeds in them are harmless. Any fruit which cannot be mashed or grated to a fine pulp must at first be sieved also. Pulp may at first be refused if the baby does not like the feel of them in his mouth. The best way is to persevere every day with small quantities, quite steadily and quietly, until he learns to eat and swallow them. Naturally a well-mashed pulp of a creamy consistency is easier to take and digest than a lumpy one.

(2) MILK MIXTURE.—As the amount of solid food is increased, reduce the milk from 8 ozs. to 6 ozs., 4 ozs., and so on (whatever the baby willingly takes).

(3) If the child needs more food, some toast or a crust should be given, but do not give this if he is already satisfied.

1.45 P.M. TO 2 P.M. LUNCH.

(1) CRUST OR TOAST. (Some babies prefer this at the end of the meal.)

(2) VEGETABLE PULP. At 8½ months (or as soon as the child is accustomed to the fruit at breakfast), vegetable purée is introduced. Recipes are on pages 21-25. It is made with vegetables of all kinds and given, if very dry, with a spoonful or two of vegetable broth. These vegetables should be sieved until about 10 months of age, and then mashed. Food given to children should not be seasoned.

Begin with 1 teaspoonful of purée, increasing to at least two level tablespoonfuls at the end of ten months. Potatoes are assimilable from six months, the skins (sieved) can be given before a year.

Add daily to the pulp 1 teaspoonful of olive oil, butter or good margarine (e.g., "Stork Unsalted" is best). If the baby is slow in teething or does not take vegetable pulps well, one pinch or saltspoonful of Herbolite vegetable salt (obtainable from Health Food Stores) or extra juices from pressed raw lettuce, carrot or celery can be given. Twice a week, half a saltspoonful of Tricaline *powder* (a French preparation obtainable from a good chemist) may be used with advantage if the teeth are not coming through. The juices from vegetables are preferable to the calcium powder.

(3) VEGETABLE BROTH derived from the water in which the
EIGHT

vegetables have been cooked, with the addition, as often as possible, of the juice from raw grated carrots squeezed in a muslin, or a press. Juices from other raw vegetables, grated and squeezed, or grated and soaked during the morning, may also be used. About 2 tablespoonfuls of grated vegetable in half a teacupful of cold water would make a good drink. Begin with 1 teaspoonful of both broth and carrot juice and increase by teaspoonfuls daily until 2 to 4 ozs. or more are being given, increasing the broth and decreasing the milk mixture until the broth replaces the milk mixture at this meal.

At nine months or earlier protein foods such as Symington's Pea Flour or Trusoy or lentil purée should be introduced. Begin with a small quantity and work up to 2 level teaspoonfuls; the flours should be cooked with the vegetables to make a thickened broth. (See recipe page 21-25.) If the baby does not at first like the taste of vegetable water, add the latter to a few ounces of the milk mixture.

At about a year mild cheese may be introduced, but we consider protein foods of vegetable origin, such as nuts, lentils, Trusoy and pea flour to be better for babies. They may well be used in rotation. Cheese should be flaked at first and mixed with potato, or eaten by the baby in his fingers. The small half-size Chedlet cheeses in silver paper, or mild Dutch cheeses are useful.

(4) MILK MIXTURE, 4 to 8 ozs., according to the baby's appetite, gradually replacing this by a drink of potato or vegetable broth, as explained above.

Some vegetable water should be given as a drink at some convenient time, perhaps 4 p.m. if not used as a drink at lunch; it may be given warm in winter and cool in summer. This is the water in which any vegetable has been cooked, or in which grated raw vegetables have been soaked for 1-2 hours. It may occasionally be flavoured with a *very* little Yeastrel or Marmite, but it is better not to do so every day as babies get tired of the strong flavour. These preparations, which contain vitamin B, may also be given for a change in milk mixture or in sandwiches of wholemeal or brown bread and butter. Vegetable water is an aperient and the action of the bowels can be controlled by varying the quantity given and the vegetables used.

The gain in weight should be slow at this age, 2 to 4 ozs. a week is the normal; but * Dr. Lahmann's vegetable cream is sometimes useful for a baby who is not gaining; a tablespoonful a day is added to the milk mixture after being first mixed with 2 ozs. of tepid water. This vegetable cream does not keep and should be used up quickly once the tin has been opened. It is essential to keep it in a cool place, e.g., a cold, outside window-sill.

At any time after ten months, if the infant needs more food, dried fruit such as raisins, dates, cooked prunes or peaches may be

* Obtainable from Messrs. E. A. Morton, 100 Talbot Street, Nottingham, 2/11 per tin, postage 6d.

given. Raisins will probably need soaking and sieving at this age as few babies can masticate so early.

5 P.M.—6 P.M.

(1) CRUST or RUSK.

At first the crusts and toasts should be made of Hovis bread, for many babies are not able to tolerate the roughage contained in wholemeal bread till they are ten to twelve months old. After the first few weeks, use in preference, Allinson's or Daren brown bread.

(2) CEREAL FOOD with MILK MIXTURE, 8 ozs., and Stonefield Cream.

INTRODUCTION OF CEREALS.

At 8½ months, that is at least a fortnight after the introduction of fruit, cereal may be given.

Starches and cereals can normally be digested from 6 months onwards, but they may or may not be needed at this early age ; the quantity of cereal, as of the fruit and vegetable pulps, given at 8½ months must depend on whether the baby has had them before. We know that excess of cereal tends to produce catarrh and other unhealthy conditions and so only introduce starchy foods with caution. Chapman's Entire Wheat Food or Allinson's Food are the most suitable, though Robinson's barley and groats may also be used. One teaspoonful of the cereal is mixed with a teaspoonful of cold water, and then stirred into 8 ozs. of the day's supply of milk mixture. This is next brought to the boil, and simmered for 3 minutes. This (8 ozs.) is given at the 6 p.m. feed. The quantity of dry cereal used should be increased by a teaspoonful each week, until 1-1½ level tablespoonfuls are given, in about 10 ozs. of the milk mixture.

Later, say at ten-twelve months, Shredded Wheat, Post Toasties, or Force can be used with half a teaspoonful of Daren Vitamin Flakes.* A taste should be given dry so that the infant may learn to chew, and become accustomed to the feeling of different foods in the mouth. Mapleton's "Honey Grains" may well be used as a pleasant substitute for these cereals. It has the advantage of containing only fruit and powdered nuts, and is more suitable for babies who suffer from catarrh or eczema ; it is not a cereal food.

10 P.M.

Milk mixture 8 ozs., reducing in quantity according to baby's appetite and needs.

* This preparation of wheat germ, a very rich source of vitamin B1, B2, and E, differs from others on the market in being entirely uncooked. For this reason it will not keep so long and is therefore only obtainable direct from The Daren Flour Mills, Dartford, Kent. (Price 1/3 and 2/-, post free.)

NOTES.

When cutting down the 10 p.m. feed, consider the baby's weight, number of motions and sleep at night. It should only be reduced when he is able to take enough food at other times. Sometimes the baby himself will refuse his 10 p.m. feed when a few months old. In any case, it should not be needed by the time he is one year old, but a little drink of water can be continued if required, as he should in any case be made dry for the night at 9 p.m. to 10 p.m. for as long as necessary.

Some infants are inclined to take less milk mixture than the amount prescribed. This is to be encouraged provided the baby is growing satisfactorily, for we aim at replacing some of the milk by fruit, vegetables and other food as soon as ever they can be assimilated.

In increasing solids and in decreasing liquids, allow 1 tablespoonful of solid to equal 2 tablespoonfuls of liquid (1 oz.). Feeds should amount in all to the equivalent of 6 to 10 fluid ounces according to the size of the baby; e.g., with 1 tablespoonful of cereal or 1 tablespoonful of fruit, only expect the baby to need about 7 ozs. of fluid at a feed. If he gets plenty of vitamins in his food he will be satisfied, and grow on smaller quantities than those suggested above. Some babies thrive on two solid meals a day if allowed what raw fruit and milk mixture and fruit juices they choose to take.

If the baby's urine smells strongly of ammonia when just passed, he is probably taking too much milk protein, or cheese, or too little fluid either at or between meals. If he has acid motions and sore buttocks the amount of Stonefield Cream and starchy food should be reduced. Both these disorders are liable to occur when the power of digestion is diminished by teething.

TWELVE TO EIGHTEEN MONTHS.

For the formula of the milk mixtures see the tables on page 18 of this pamphlet, or milk-free drinks, pages 21-25.

Some babies prefer to take all the Stonefield Cream at breakfast and tea. There is no objection to this arrangement from the age of one year.

If Stonefield Cream is not being given with the milk mixture, see note for substitute, page 23.

DAILY MEALS.

ON WAKING ABOUT 7 A.M.

The juice of an orange, or other fruit juice with added water if the baby is thirsty. Do not wake early for this drink. The first course of breakfast may be given on waking, if the baby is very hungry then.

ELEVEN

8 A.M. TO 8.30 A.M. BREAKFAST.

(1) FRUIT, 4 to 8 tablespoonfuls,* or more.

Give any fruit that is sweet and ripe, always raw when possible. Raw apple (grated or not), crushed banana, grapes, pears, dates, melon, tomatoes, and seedless raisins (soaked overnight and then chopped) are all suitable. Apricots and tinned pineapple are valuable. Either finely-ground whole almonds or other nut flours or nut creams should always be given with the fruit, beginning with a teaspoonful and increasing to a tablespoonful. If these have been given before, the usual quantity is 1 tablespoonful at 12 months and about 2 tablespoonfuls at 18 months.

Raisins or sultanas may be mashed up with banana.

(2) MILK MIXTURE, 6 to 8 ozs. or fruit juice containing some orange or nut milk drink. If nut milk is used, omit the nut creams or flours from the fruit, when the baby has become used to nut milk and is taking it at full strength (see recipe page 23).

(3) SOME TOAST OR RUSKS.

12 A.M. TO 2 P.M. LUNCH.

1. VEGETABLES, 4 to 8 tablespoonfuls.

All vegetables commonly used by adults are suitable. As soon as the baby will take it, introduce lettuce and other salad vegetables, and try using vegetables raw and grated in small quantities.

The vegetables may be mixed, e.g., salad with parsnips, or tomato with greens. Potatoes should be given with other vegetables, and not instead of them, and should be cooked in their skins and are best steamed. The outer thin brown skin *only* should be removed after cooking, or can be left on.

With all vegetables give 1 to 2 pats of butter or margarine, or 1 to 2 teaspoonfuls of olive oil.

Cook with vegetables 2 or 3 teaspoonfuls of Trusoy, lentils or Symington's Pea Flour. If cheese is given, shred it if necessary, or let the child have a piece in his fingers and take bites.

2. MILK OR VEGETABLE BROTH. A drink of milk mixture (4 to 6 ozs.) may be given, or 2 to 4 tablespoonfuls of specially prepared sour milk,† or a drink of vegetable broth (pages 8 and 24).

If the baby is hungry some brown bread and butter may be given at the end of this meal.

NOTES.

This meal is rather a "movable feast"! The baby may sleep before noon and want lunch any time between 12 and 2 p.m.; he

* All spoonfuls in these menus should be measured level.

† The Express Dairy Co., Ltd., sells a very good preparation under the name of Yoghourt.

should not be awakened for this feed. On the other hand, he may play all the morning, then have lunch at 12, and sleep afterwards until about 2.30 or 3 p.m.

Sometimes a baby refuses vegetables for a few days ; in this case give any fruit that he will take in place of vegetables.

Trusoy, pea flour and lentils, cheese, ground nuts supply proteins, and should be used instead of eggs, fish and meat.

Puddings are not necessary, but may be given if of suitable foods or if liked by the baby. Jellies should not be given, unless made with agar and fruit juices.

The different foods may be used in rotation, in this way :—

Sunday, Tuesday and Thursday—Ground Nuts.

Monday, Wednesday and Saturday—Cheese or Trusoy.

Friday—Vegetables (including beans or peas).

One low diet day a week is good.

At the age of about 18-20 months, changes may be arranged in the lunches in the way suggested below. These menus are printed as specimens only, and many other arrangements of food would be equally satisfactory in practice.

1st Day—Steamed green vegetables, or hot pot.

Potato and butter, and Trusoy,

Dates and Raisins,

4 ozs.—6 ozs. vegetable broth.

2nd Day—Raw vegetable salad,

2 tablespoonfuls of ground nuts,

or 4 ozs. of nut milk with honey,

Chocolate mould made with potato flour and brown rice flour.

Drink of water or honey if ground nuts are used.

3rd Day—Raw vegetable salad,

Raw peas or nut cream,

Potato and butter,

4 ozs. of fig or raisin juice or Vintex.

4th Day—Root vegetables (turnips, swedes, parsnips, beets or carrots),

Potato, butter, and Trusoy,

Dried apricots,

4 ozs. of milk or vegetable broth.

5th Day—Raw vegetable salad,

2 tablespoonfuls of nuts,

Chocolate pudding as before,

Lentil broth or pineapple juice.

6th Day—Butter beans and raw tomatoes,

Potato and butter,

Stewed figs or raisins,

4 ozs. of milk or vegetable water from grated, raw, soaked vegetables.

7th Day—Raw vegetable salad,
Potato and butter,
Dates or raisins,
4 ozs. of milk or nut milk with honey.

5 P.M. TEA.—This meal should include nut milk, nut cream or milk mixture and cereal.

Use toast and butter with honey or Yeastrel, lettuce sandwiches, Mapleton's Honey Grains, oat cakes, granose or digestive biscuits. Or give Chapman's Entire Wheat Food, Allinson's Food, or a breakfast cereal, such as Shredded Wheat and Post Toasties, with a small teaspoonful of Daren Vitamin Flakes. Dried fruits or bananas can be added if wanted.

NOTES.

N.B.—The vegetables must be conservatively cooked. As valuable salts dissolve out into the water in which they are cooked, none of this should be wasted but all of it should be given to the baby to drink.

For further notes on vegetable broth and vegetable juices see pages 8 and 21-25.

Some babies need one day a week of low diet, and often fix their own day ; when this happens plenty of water should be given and mostly fruit to eat.

Drinks of water, especially in summer, should be given between meals whenever a baby is thirsty.

The bread used should be plain brown bread. Allinson's, Daren and Hovis are recommended. Malted and raisin breads may be used.

A small piece of raw apple may, if convenient, be given at the end of cereal meals, as it cleans the teeth.

Sometimes, when learning to feed himself, a baby will go through a phase in which he refuses all food with which he has to be fed by another. This is easily understandable, for adults like to serve themselves ; so always allow a baby to do as much feeding for himself as he can, and do not watch him eating.

The presence of a little undigested food in the stools is of no importance, but while any *quantity* is appearing, that item of food should not be *increased*. All new foods should be given in small quantities at first, so that the body may learn to digest them.

Raisins will probably need soaking and sieving at this age as few babies can masticate so early.

We usually advise that only one teaspoonful a day of any new food should be given at first, this quantity may be safely increased at the rate of one teaspoonful on alternate days.

AFTER EIGHTEEN MONTHS.

The foods used between twelve and eighteen months are suitable, but are, of course, given in larger quantities. The child will probably be able to tolerate foods containing more roughage, such as Ryvita, and Dr. Jackson's Roman Meal, a valuable cereal food obtainable at Health Food Stores.

PROTEINS.

When much fresh food is given less protein is required. Trusoy, cheese and nuts contain a high percentage of protein, and it is also contained in useful quantity in milk, the pulses, and most cereals. Eggs, if used at all, should not be given more than twice a week. Trusoy may be put into cakes in the proportion of one part of Trusoy to six of brown flour, or be baked into crisp biscuits, or made into thick sauces.

The following table shows the percentage composition of some common foods. They are placed in order according to the amount of protein contained in them. It will be seen that there is no difficulty in supplying the child with an adequate quantity of protein without making use of meat, fish or eggs.

				Protein.		Fat.		Carbohydrate.
Trusoy	...	...	...	42	...	21	...	25
Cheese...	...	...	...	25.7	...	35	...	—
Lean meat	...	...	...	20.7	...	5.8	...	—
Dried peas, beans or lentils...	...	...	...	19.7	...	1.0	...	61
Cod or Whiting	...	...	...	18.5	...	0.4	...	—
Cocoa ...	...	...	...	18.1	...	26.8	...	40
Nuts ...	...	...	...	16.5	...	57	...	13
Eggs ...	...	...	...	12.3	...	11.3	...	—
Brown Bread...	...	...	...	7.0	...	0.4	...	48
Beans (French runner)	...	...	...	6.5	...	0.2	...	16.6
Rice ...	...	...	...	6.5	...	0.4	...	81
Green peas	...	...	...	5.4	...	0.5	...	15.2
Cow's milk	...	...	...	3.3	...	3.6	...	4.8
Cabbage	...	...	...	3.0	...	0.2	...	6.8
Potato...	...	...	...	2.0	...	—	...	20

CEREALS.

Wholemeal bread should be eaten. White bread and anything made from white flour, or other highly refined cereal, such as polished rice, cornflour, etc., is to be avoided. Wholemeal biscuits, Ryvita, and Vita-wheat biscuits are good, and home-made cakes should be made with wholemeal flour. Potato flour is useful for making light cakes.

Rice is a useful cereal, but should be whole brown rice, or at least the unpolished variety.

Cereals supply a little protein and carbohydrate in the form of starch. But nowadays, in latitudes where there is but little ultra violet in the sunlight, it is thought best to use other sources of carbohydrates, such as vegetables, particularly potatoes and sweet fruits, and to use cereals only in moderate quantities.

FATS.

Fresh butter or reliable margarines are good forms of fat and these or nut butters may be given daily. A larger quantity is needed in cold weather. New Zealand butter is the best to use in the winter months, as it is made from the milk of cows living in the open and fed on fresh grass. Olive oil is also useful.

VEGETABLES.

Potatoes should be used freely with green vegetables and salads. They should be freshly steamed in their skins, and never be overcooked or twice cooked. They should be scrubbed before cooking, but not peeled. (The only form of "peeling" allowable is to strip off the outer skin after the potatoes have been cooked, but most children eat the skins quite readily.)

When cooked green vegetables are given, they should be boiled quickly in as little water as possible, with no soda or salt. The water left, if any, can be used for soup, flavoured with a little Yeastrel. An excellent and conservative method of cooking green vegetables in a double pan, etc., much used abroad, is to melt some butter in the inner pan, then add and cook the vegetables without any addition of water.

All kinds of salad vegetables may be given, and young carrots, finely grated, or a few leaves of young sprouts, may be added. A good dressing is a dessertspoonful of olive oil mixed with orange or lemon juice.

FRUIT.

Fruit is the most valuable food of all, and should be given all the year round. In hot weather, or in illness, the child will often prefer extra fruit to heavier food.

A piece of raw apple may, when convenient, be given after meals, particularly the last meal of the day, as it helps to clean the teeth after cereal foods.

Figs, sultanas, raisins and dates are very nourishing and contain the best form of sugar. They also satisfy the child's natural desire for something sweet.

SWEETS and JAMS.

Barley sugar and chocolate may be given, but they can with advantage be replaced by the dried fruits mentioned above.

Home-made jam may be given in moderation, or brown sugar, but honey is far better. Cheap jams should be avoided.

VITAMINS.

Though certain special preparations containing a high proportion of certain vitamins are useful, the only safe way of avoiding a shortage of the essential vital elements is to include a high proportion of uncooked food in the dietary.

Vitamin A is conveniently given in raw carrots or carrot juice.

Vitamins B1 and B2 are liable to be seriously deficient in modern diet ; much ill-health and want of tone can be traced to lack of these vitamins. Daren Vitamin Flakes, and Yeastrel are very rich in them, and one of them should be given daily. A teaspoonful of Daren Vitamin Flakes can be added to a breakfast cereal, or Yeastrel can be used to make sandwiches or soups, or to flavour savoury dishes. (Phillips Live Yeast tablets are useful to those travelling abroad.)

Vitamin C is present in most raw fruits, especially oranges, also in raw green salad, and in potatoes if not overcooked.

In this sunless climate a shortage of Vitamin D, causing delayed teething, and even actual signs of rickets, is very common. It is therefore advised that five to ten drops of Radiostol should be given daily with a meal from the beginning of November to the end of March, in addition to Stonefield Cream.

DRINKS.

Children should be allowed to drink as much water as they wish, at any hour of the day or night, but drinking water should be encouraged between meals, rather than with food, and in the earlier part of the day rather than in the evening. It is particularly important in hot weather. Home-made lemonade is good. An easy and inexpensive way to make it is to put the clean lemon peel in a jug with a few dates, prunes and sultanas, pour over these some hot water and leave to soak. Add the lemon juice, freshly expressed, when cool. The soaked fruits may be eaten at the next meal. A very simple orangeade can be made by soaking squeezed oranges in cold water and adding honey to taste. They should be washed before squeezing. These drinks should all be made fresh daily. Barley water is excellent also.

BOOKS RECOMMENDED.*

Health-Giving Dishes, by Dr. Bircher-Benner (Edward Arnold & Co., 6/-, postage 6d.). An up-to-date book full of recipes for preparing uncooked food in an attractive way.

Fruit Dishes and Vegetables, by Dr. Bircher-Benner (The C. W. Daniel Co., 1/-, postage 2d.), describes how raw food may be prepared in attractive and palatable ways.

Vegetarianism for Beginners, by Maud Baines (The Vegetarian Society, 6d., postage 1d.), contains 110 Recipes and 24 Salad Combinations.

The Penlee Recipe Book, by Annie Barnett (G. Bell & Son, 2/6, postage 3d.), includes recipes suitable for all varieties of food reform.

* All these are obtainable from the Secretary, at Stonefield.

HOW TO WEAN A NORMAL BABY OF EIGHT MONTHS.

Recipes for Modified Milk with Stonefield Cream.

These tables are based on those used by the Truby King organisations all over the world. New Zealand Cream, which contains Cod Liver Oil, has been replaced with Stonefield Cream, which has the same percentage composition. This cream contains the same vitamins but no fish oil. The composition of this weaning table is suitable for use at or after three months of age, smaller feeds being given in accordance with the table on page 16 of "Infant Feeding—The First Nine Months."

FOR THE FIRST WEEK, GIVE

Milk	...	...	...	...	3½ ounces	} Give this at 2 p.m.
Lime water	...	...	...	...	2 teaspoons	
*Sugar (Barbadoes) or honey	...	...	...	1 level teaspoon		
Cold boiled water	...	...	...	...	3½ ounces	
Stonefield cream	...	...	...	1 level teaspoon		

If the baby is very hungry during the first week of weaning this mixture may be strengthened ; 3½ ounces of both milk and water may be used.

FOR THE SECOND WEEK, GIVE

Milk	...	...	...	...	7½ ounces	} Of this give 7½ ounces at 10 a.m. and 6 p.m.
Lime water	...	...	...	...	1 ounce	
*Sugar or honey	...	...	...	2 level teaspoons		
Cold boiled water	...	...	...	...	6½ ounces	
Stonefield cream	...	...	...	...	3 level teaspoons	

FOR THE THIRD WEEK, GIVE

Milk	...	...	...	...	12 ounces	} Of this give 8 ounces at 10 a.m., 2 p.m., and 6 p.m.
Lime water	...	...	...	...	1½ ounces	
*Sugar or honey	...	...	1 level tablespoon and	1 teaspoon		
Cold boiled water	...	...	...	...	10½ ounces	
Stonefield cream	...	...	...	...	1 level tablespoon and 1 level teaspoon	

FOR THE FOURTH WEEK, GIVE

Milk	...	...	...	...	16 ounces	} Of this give 8 ounces at 10 a.m., 2 p.m., 6 p.m., and 10 p.m.
Lime water	...	...	...	...	2 ounces	
*Sugar	...	...	a level tablespoon and	2 teaspoons		
Cold boiled water	...	...	...	...	14 ounces	
Stonefield cream	...	...	...	...	1 level tablespoon and 2 level teaspoons	

* In the past we have used granulated sugar, but we believe that Barbadoes (obtainable from Health Food Stores) or Honey are better. We are trying these at Stonefield, and find them successful, especially honey.

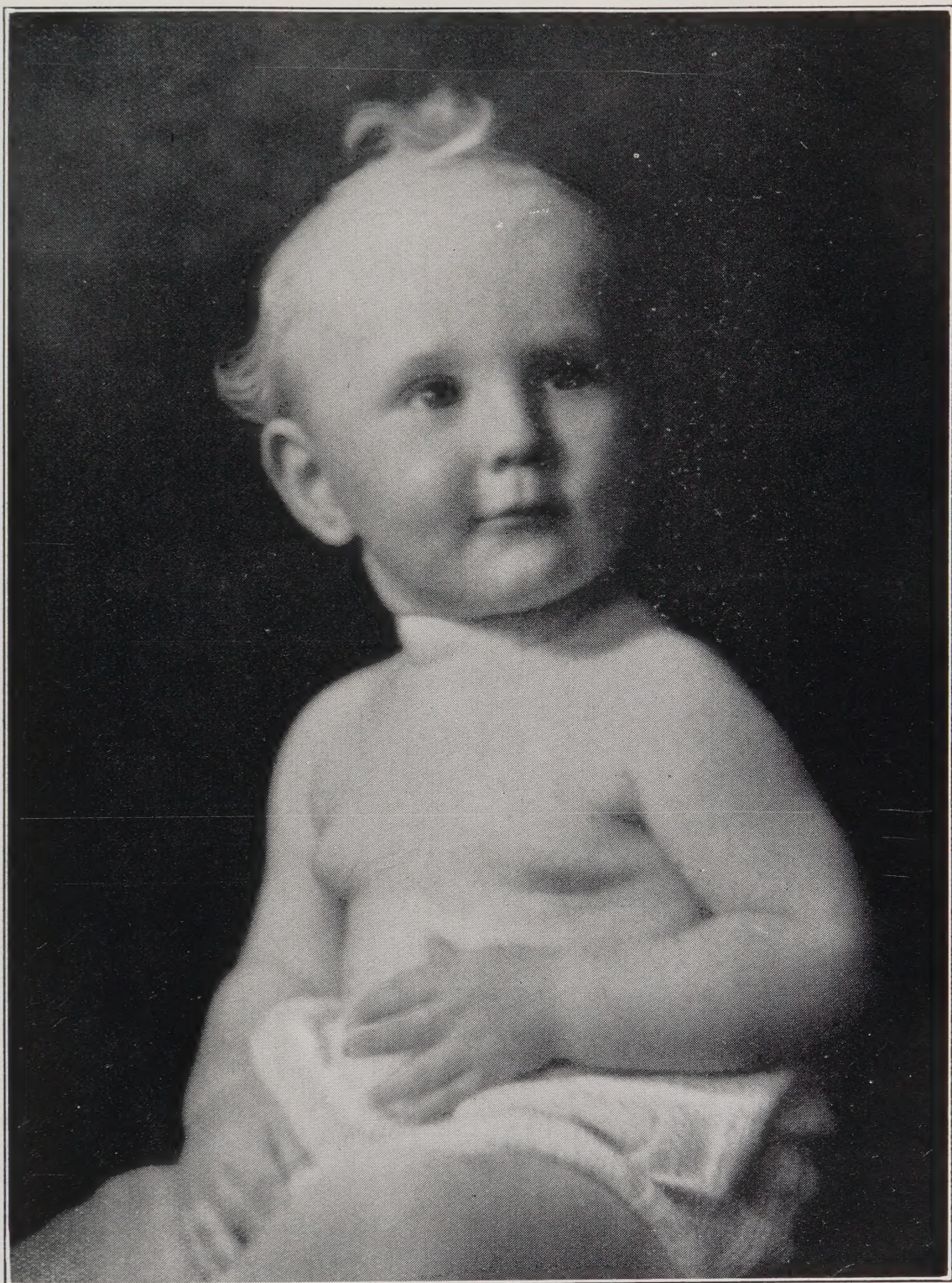
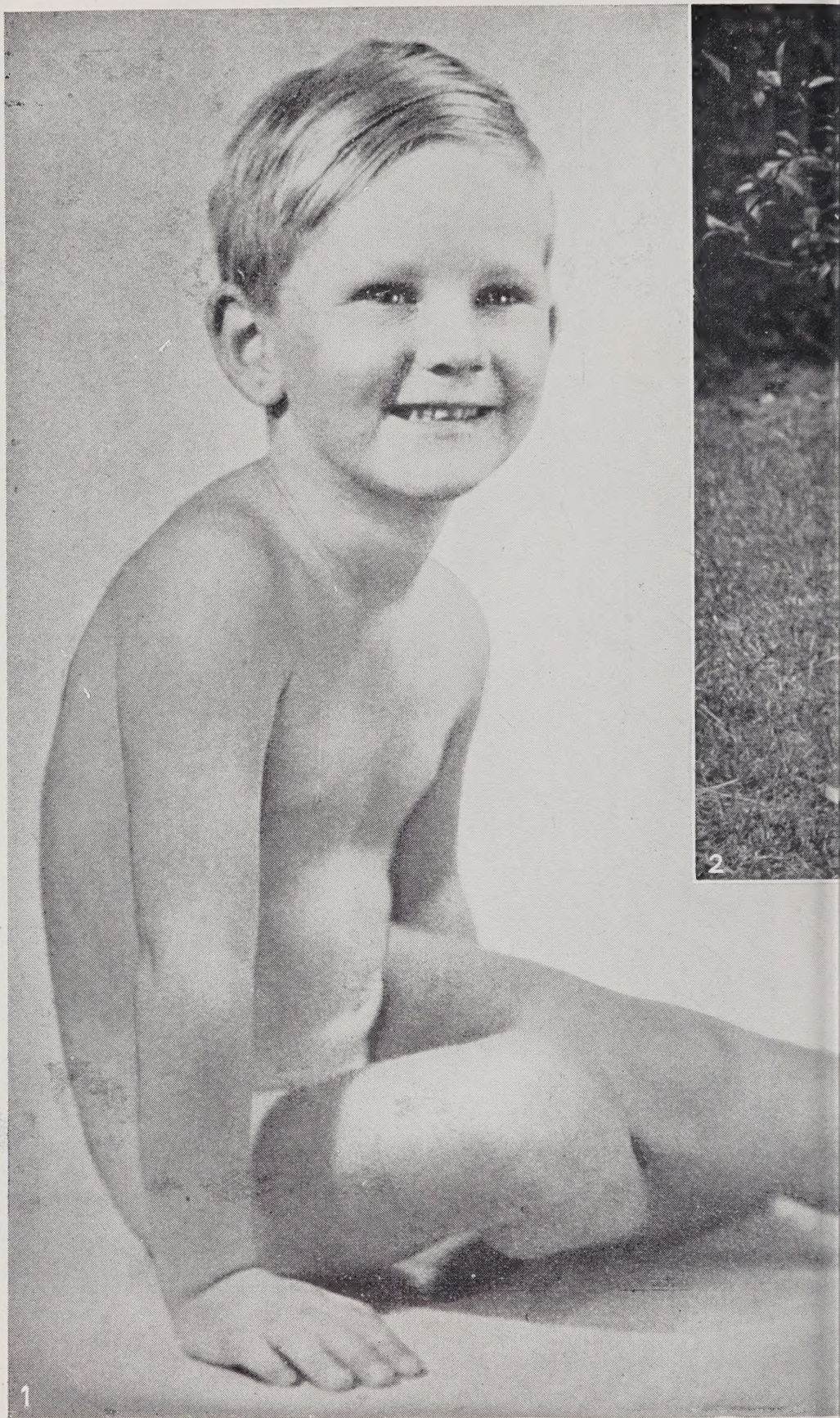


Photo : A. & L. Elstob

Church St., Kensington.

T.F. at 10½ Months.



T.F. seated $4\frac{1}{2}$ years.

Down inset B.P. at 22 months.

(First two photographs, respectively, July)



Brighton, Bryan Horner, Tunbridge Wells.)

J. H. 14½ months, was weaned on a Milk Free diet, since modified slightly.



Photo : Keddies, Ltd.

Southend-on-Sea.

B.P. at 2 years and 3 months.

FOR THE FIFTH WEEK, GIVE

Milk	...	...	...	...	1 pint	} Of this give 8 ounces at 6 a.m., 10 a.m., 2 p.m., 6 p.m. and 10 p.m.
Lime water	...	...	...	...	2 ounces	
Sugar or honey	...	...	...	2 level tablespoons		
Cold boiled water	...	...	...	18 ounces		
Stonefield cream	...	...	...	...	2 level tablespoons	

MILK MIXTURE FOR TWENTY-FOUR HOURS EIGHT TO FOURTEEN MONTHS.

(With Stonefield Cream.)

EIGHT AND NINE MONTHS.

Milk	...	...	...	...	...	1 pint
*Lactose	...	...	2 level tablespoons	and	3 level teaspoons	
or						
Sugar (Barbadoes) or honey	...	...	...	2 level tablespoons		
Lime water	...	...	...	...	2½ ounces	
Cold boiled water	...	...	...	...	17½ ounces	
†Stonefield cream	...	...	...	...	2 level tablespoons	

5 feeds of 8 ounces.

TEN MONTHS.

Milk	...	...	...	...	...	1 pint
Lactose	...	...	...	...	2 level tablespoons	
or						
Sugar or honey	...	1 level tablespoon	and	2 level teaspoons		
Lime water	...	...	...	...	2 ounces	
Cold boiled water	...	...	...	...	13 ounces	
Stonefield cream	...	...	...	1 level tablespoon	and	
					2 level teaspoons	

4 feeds of 7½ ounces, 1 feed of 5 ounces (10 p.m.).

ELEVEN MONTHS.

Milk	...	...	...	...	...	1 pint
Lactose	...	...	1 level tablespoon	and	2 level teaspoons	
or						
Sugar or honey	...	1 level tablespoon	and	1 level teaspoon		
Lime water	...	...	...	...	1 ounce	
Cold boiled water	...	...	...	...	11 ounces	
Stonefield cream	...	...	...	1 level tablespoon	and	
					1 level teaspoon	

4 feeds of 7½ ounces, 1 feed of 2½ ounces (10 p.m.).

* Lactose is not generally advised after 3 months of age. It is retained here for the use of teething babies who cannot take sugar or honey, or possibly for hot climates.

† See page 23.

TWELVE AND THIRTEEN MONTHS.

Milk ...	...	...	...	...	...	...	1 pint
Lactose	...	...	...	...	...	...	1 level tablespoon and 1 level teaspoon
<i>or</i>							
Sugar or honey	...	...	...	...	...	...	1 level tablespoon
Lime water	...	...	...	...	...	...	1 ounce
Cold boiled water	...	...	...	...	...	...	9 ounces
Stonefield cream	...	...	...	...	...	...	1 level tablespoon

3 feeds of 8 ounces,* 1 feed of 6 ounces.

FOURTEEN TO SEVENTEEN MONTHS.

Milk ...	...	...	...	...	...	...	1 pint
Lactose	...	...	...	...	...	...	2 level teaspoons
<i>or</i>							
Sugar or honey	...	...	...	...	...	...	2 level teaspoons
Lime water	...	...	...	...	...	...	1 ounce
Cold boiled water	...	...	...	...	...	...	4 ounces
Stonefield cream	...	...	...	...	...	...	2 level teaspoons

3 feeds of 7 ounces,* 1 feed of 4 ounces.

By the end of the first year most babies are taking so much solid food that they do not need a full pint of milk. In the early part of the second year the amount of milk taken can often be reduced to half a pint or less daily, and we consider this to be a good thing to do.

At 14 months most babies can take whole cow's milk, but it may with advantage be slightly diluted for many babies up to 17 months.

Milk drinks should never be given *cold*, as they are indigestible.

DIRECTIONS.—Use “Grade A, T.T.,” or “Certified T.T.” milk.

All utensils, spoons, etc., to be used must be scrupulously clean; if in doubt scald them before use.

Before pouring out the milk from the bottle turn it upside down once or twice to mix in the cream. (We have known babies to be upset by the omission of this detail.)

Measure the quantity required in an enamel quart jug. Measure carefully, never guess.

Bring the measured quantity of milk to the boil and add the other ingredients.

In hot weather stand jug containing mixture in basin under running water until cold.

Normally keep cool by standing the jug in a deep basin of cold water. (Change frequently in hot weather.) Cover with a wet muslin large enough to allow the four corners to hang in the water.

Always keep in a cool, airy place.

When measuring sugar or cream use household tablespoon and teaspoon, and cut level with a knife.

* Give smaller amounts at dinner-time.

Honey may with advantage be used instead of sugar ; if the baby has only had sugar before, grade daily by 1 teaspoonful from sugar to honey.

STONEFIELD CREAM.—Measure out the *exact* amount ordered for the day into a small cup. Keep covered. Give a little during each feed until the day's supply is finished.

RECIPES AND PREPARATIONS.

CHAPMAN'S FOOD or other cereal foods such as Allinson's or Dr. Jackson's Roman Meal.

Mix 1 level teaspoonful Chapman's " Entire Wheat Food for Babies " or other cereal to a paste with a little cold water. Add the amount of milk mixture normally used at the 5-6 p.m. feed ; bring all to the boil and allow to simmer for not less than 3 minutes. For " milk free " diet, nut milk or water with $1\frac{1}{2}$ teaspoonfuls each of honey, nut cream or Stonefield cream in place of milk mixture.

Increase the amount of cereal by a half to 1 teaspoonful a week up to $1\frac{1}{2}$ level tablespoonfuls : this latter quantity will need 10 ozs. milk mixture. If Dr. Jackson's Meal is used, about half the quantity of dry meal will suffice, and after mixing with the milk mixture must be set aside in a warm place. This meal is considerably coarser than Chapman's or Allinson's and is probably not suitable before 10 months of age. Give from the bottle with an easy teat or from cup and spoon.

USES.—Cereal foods given in this way can be introduced from 6 months onwards to bottle-fed babies ; breast-fed babies normally only need cereal from 8 months onwards, but can begin cereals at 6 months if failing to gain weight on breast milk with fruit and vegetable pulps.

Cereals should be omitted in the case of sore buttocks, while teething or during any fever.

Chapman's Food is obtainable from grocers and chemists in tins price 1/6 and 4/-. Roman Meal is generally kept by health food shops.

DAREN VITAMIN FLAKES.—This preparation of wheat germ is a very rich source of vitamin B1, B2 and E. If used too freely it causes a rash. It differs from some others on the market in being entirely uncooked : for this reason it will not keep so long, and so is only obtainable direct from The Daren Flour Mills, Dartford, Kent. (Price 1/3 and 2/-, post free.)

DR. LAHMANN'S VEGETABLE MILK.—A vegetable paste used to increase weight.

Take 1 tablespoonful, mix with a little *tepid* water. Add 2 ozs. more hot water. Put $\frac{1}{2}$ oz. of this mixture into each feed.

This cream goes mouldy quickly once exposed to air or heat ;

it is therefore advisable to use the tin up within a week, and to keep it in a cool place meanwhile. Usually two tins are sufficient to make a baby gain.

Obtainable from Messrs. E. A. Morton, 100 Talbot Street, Nottingham, at 2/11 a tin, postage 6d.

Complicated directions are issued with the tin, but we have obtained good results from above simple methods.

DR. LANE'S VEGETABLE MILK.—Ground, unblanched almonds to make three level tablespoonfuls ($\frac{3}{4}$ oz.) ; unroasted ground peanuts to make half a tablespoonful ; whole-wheat flour to make half a tablespoonful ; quarter tablespoonful of bran ; one tablespoonful of soya flour ; and half a tablespoonful of corn (maize) starch, are mixed with the cold vegetable water from first extraction, and then boiled three minutes in the whole vegetable water. Pass through a *fine* purée sieve. Add one tablespoonful of dextrimaltose (one-and-a-half may be found desirable) and one-sixteenth of a teaspoonful of salt.

The vegetable water is made by grating and grinding two-and-a-half to three ounces of mixed raw vegetables : carrot, watercress, lettuce, celery, chard, string beans, etc. (not turnip or cauliflower). Soak for twenty-four hours, so that about three-quarters of an ounce of juice results on pressing. Add water and bring to the boil, to produce in all twelve ounces after pressing. One tablespoonful (two-thirds of an ounce) of *fresh* orange juice, and one teaspoonful of cod liver oil are added to each bottle before use.

The above is Dr. Lane's very successful "Almond Lac" as she gave it to babies under three months as supplements : at three months it comprised three whole feeds out of six.

We suggest certain modifications. The cod liver oil might well be replaced by five-drop doses of Radiostol (*not* Radiostoleum) twice daily. Dr. Lane, herself, doubted the wisdom of adding salt—it might well be omitted. The English soya flours, such as Trusoy, are not suitable and in our experience cannot be tolerated by such young babies (Foley's large yellow variety was used by Dr. Lane). The soya might well be replaced by using half a tablespoonful more almonds, and half a tablespoonful of lentil flour. At first it would be better to strain through linen and later use a *fine* purée sieve.

"HERBOLITE" is a vegetable salt which may be added in small pinches daily or less often to vegetable pulp : give no more than a small level saltspoonful daily. It is intended to aid the retention of calcium through the presence of iodine derived from seaweed. It is especially useful for pale babies, or for those who temporarily refuse vegetable water or pulps, when it may be given in a sandwich.

Obtainable from Health Food Stores in 3d. and 6d. cartons.

MARGARINE, "STORK UNSALTED" and "BLUE BAND" are practically free from animal matter. The Stork variety contains no salt and is therefore specially recommended.

USES—in place of butter.

Obtainable at any grocers.

NUT MILK.—Obtain Mapleton's or Pitman's nut cream or Mapleton's or Granose Almond Cream (avoiding "Nuto," which is highly flavoured and not usually appreciated by babies).

Mix 1 teaspoonful of nut cream, 1 teaspoonful of honey and sufficient hot water to make the baby's drink (say 6 to 8 ozs.). If desired to thicken slightly, cook the mixture over a gentle heat for a few minutes. Add 1 teaspoonful of nut butter and give also 1 teaspoonful of Stonefield Cream. Increase the nut cream by half to 1 teaspoonful at *one* meal daily until using $1\frac{1}{2}$ tablespoonfuls nut cream to $7\frac{1}{2}$ ozs. water with 1 to $1\frac{1}{2}$ teaspoonfuls of honey and 1 to $1\frac{1}{2}$ teaspoonfuls nut butter and Stonefield Cream.

USES.—To replace cow's milk. It is usually given with a fruit meal and can be given 2 to 3 times a day when the baby is used to it.

It is obtainable from Health Food Stores, Selfridge's, etc., in 1/-, 2/6 and 11/- jars.

Nut milk can probably be given from an early age, but we only have experience of it from about 6 months, and for weaning purposes mainly from 8 months.

It is invaluable at weaning in cases of eczema or when tuberculosis is present in either of the parents, or when cow's milk is otherwise unsuitable.

POTATO WATER.—Scrub a large potato or several smaller ones. Peel, simmer the peelings only in about half a pint of water for half an hour. Use the water for making milk mixtures or as vegetable stock. Add no salt at any time.

Useful in cases of eczema or when the baby has a rough scurfy skin.

STONEFIELD CREAM is made in London to our requirements and contains no fish or animal liver-oils or derivatives: it consists of 50 per cent. vegetable and nut oils and 40 per cent. carbohydrates, with additional essential vitamins, A, B and D. It is best used fresh, but should keep for about three months in ordinary larder temperature or indefinitely in a refrigerator. It is probably not suitable for use in hot climates. It is easily digested but, like New Zealand Cream, it may have to be given in small quantities at first while the baby learns to assimilate it. As it is an essential constituent of the milk mixture it must not be permanently omitted.

Stonefield Cream can be obtained from the Secretary, at Stonefield, price 2/6 per lb., postage, any quantity, 6d. Telephone orders must be given before 11 a.m. for despatch the same day.

If Stonefield Cream is not being used, vitamins A, B and D must be supplied from other sources.

Vitamin A can be derived from extra carrot juice.

„ B from say small quantities of Yeastrel or Daren Vitamin Flakes.

„ D can be procured from Radiostol (not Radiostoleum).
10 drops a day is the normal quantity required.
5 drops may be given in a morning feed and repeated in an evening one.

Honey and extra fat (in the form of nut or milk butters or Unsalted Stork) would be necessary also. Approximately half honey and half fat could be used to make up the equivalent amount of cream.

For those who do not object to Cod-Liver Oil, New Zealand Cream, Ostelin Cream and other like preparations can be given.

TRICALCINE POWDER may be used in very small doses in cases where teething is slow or tendency to rickets is marked. It is a French preparation of calcium in an assimilable form. Half a salt-spoon twice a week suffices. Obtainable from chemists at 2/6 a bottle.

TRUSOY is finely milled soya-bean flour. It contains 42 per cent. of good protein—a higher percentage than any other ordinary food (see page 15). It can be used for making *Trusoy milk* or for thickening broths or sauces or for mixing with wholemeal or potato flour to make bread, scones, biscuits. It is difficult for babies, young children and some adults to digest unless well cooked in water.

Obtainable from The British Soya Products, Ltd., The Mill, Standon, Herts (Puckeridge 57 and 76), in 5-lb., 14-lb. and 28-lb. bags at 3/6, 6/- and 10/-, carriage paid, and from The Secretary, Stonefield Maternity Home, in 1-lb. packets at 9d., postage on 1 and 2 lbs., 6d.

TRUSOY MILK.—Add one teaspoonful of Trusoy to 10 ozs. of hot water or vegetable water. Allow to simmer for half an hour or until the water is reduced to 7 to 8 ozs. Add 1 teaspoonful of honey with 1 teaspoonful of nut *butter* (not cream nut or paste) and give also 1 teaspoonful of Stonefield Cream. Increase the Trusoy by a half to 1 teaspoonful twice a week up to 1½ tablespoonfuls if the baby can digest as much as this.

USES.—In place of cow's milk, at or after 8 months. It has been used at Stonefield from 6 months (with caution) in cases of eczema, and where for any reason it is not desirable to give cow's milk. If used in too large quantities, may produce a chapped, reddened skin, but this can be remedied by temporarily omitting the Trusoy, or further cooking and straining it. Can be given usually once or twice a day.

VEGETABLE BROTH.—A clear broth can also be made by putting tomato skins, pieces of celery, chopped outside leaves of

cabbage and any odds and ends of sliced vegetables into a casserole with water or vegetable water, as above, and stewing in a slow heat in the oven for about half an hour or quick boiling for 5 minutes. The liquid can be strained, if preferred, and a little Yeastrel added. This is a very useful beginning to a cold meal on a winter's day.

VEGETABLE JUICE (RAW).—Wash and grate the vegetables, and either press in a fruit or vegetable press or potato-ricer or wring out in a piece of muslin. If this does not yield enough liquid, allow the grated vegetables to soak in a cupful or less of cold water for at least an hour.

All vegetable broths or raw vegetable juices should be made *fresh daily* and, if left standing, should be covered.

VEGETABLE PURÉE :—Wash and slice some mixed vegetables. (Potatoes are better, if possible, added in the last 10 minutes, in slices of $\frac{1}{2}$ - $\frac{3}{4}$ inch thick—they lose their value if overcooked.) Cover with water. Add no salt. Use a covered hot-pot or casserole dish or double saucepan. If lentils, Trusoy or pea flour are to be added, mix these first with a little cold water and stir into the other vegetables. Bring to simmering heat, allow to cook in a slow oven or on top of a slow heat for about an hour or less. When the vegetables are soft, mash and sieve them, using the remaining thickened broth for a drink.

Vegetables can be steamed if preferred (the Trusoy, etc., being cooked separately) or they can be put (sliced) into fast boiling water for 7-10 minutes, the potatoes being added for the last 7 minutes. All vegetables must be sieved or very carefully mashed into a smooth soft purée until the baby is about 10 months old ; from this age they can probably be digested just mashed without sieving.

A good savoury dish is made by stewing some peas or carrots and adding them, when three-quarters cooked, to some brown rice cooked in milk or water, with a flavouring of Yeastrel. The whole thing may stew together for a few moments to absorb the superfluous vegetable water.

VINTEX is a pure South African grape juice. It is useful as the basis of fruit drinks if diluted with equal parts or less of water, especially in feverish conditions or if a day or two's rest from ordinary food and drinks are indicated.

Obtainable from Messrs. G. E. Hudson & Son, 15 Dowgate Hill, E.C.4 (Central 6984).

It is advisable to buy " $\frac{1}{2}$ bottles" and to thoroughly cork the bottles or keep in a cool place as Vintex is apt to ferment if not properly kept.

YEASTREL.—A "vitamin B" preparation.

Take about one-eighth teaspoonful or less and add daily to the diet, either with vegetables, vegetable broths or in sandwiches ; preferably varying the mode of its use in case the baby tires of its flavour.

APPENDIX.

WEANING AND REARING ON A MILK-FREE DIET.

For the use of those who by inclination or circumstance wish to wean their babies on to a milk-free diet, we append some notes and also examples of dietaries which contain but small quantities of cheese, butter and eggs.

Many people are asking if it is not possible to dispense with milk and its derivatives, firstly, because, from the humanitarian point of view, there is great cruelty associated with its production. (No one who knows the facts will deny this.) Secondly, milk is never a clean food and is frequently a very dirty one. Some thousands of cases of bovine tuberculosis (i.e., tuberculosis derived from infected dairy produce) are diagnosed in this country every year, and it is worth taking some trouble to avoid the risk. We are beginning to connect many indefinite conditions of ill-health in childhood with this cause. To reduce the risk, milk, if used, must be boiled before use, and this to some extent interferes with the vital elements, which can only be replaced by the addition of fresh fruits and vegetables. Hence, as we are finding that young children can be weaned on to such fruits and vegetables, we think it better to avoid association with animal foods and their production altogether. We have seen a certain number of children reared without these foods, and a larger number on a much reduced ration of them.

* We shall proceed to offer some notes and photographs referring to a few out of a group of children weaned on to such a dietary. So far, the outstanding characteristics and physical attributes of these children seem to be well developed bones and limbs, easy and comparatively early completion of teething, immunity from infection, hardiness, and more than usual activity with mental alertness and happiness.

For example, B.P., underweight and backward at 10 months, owing to digestive disturbances, was at 3 years the height of an average 5-year-old and the weight of the average 6-year-old; as can be seen from his photograph, his weight is not due to surplus fat. T. F. is also well ahead of the average growth.

B. P. was one winter three times in direct contact with measles at its infectious stage, but did not develop it. T. F., aged now 5 years, has never been ill except for three days' slight fever, undiagnosed. Again, the senior medical officer of one of our Metropolitan Fever Hospitals considers his son, fed practically on these lines, to be immune. "He must be constantly infected with all sorts of fevers, but has never been ill." Every winter we frequently hear of children brought up on these lines escaping chicken pox, etc., and, if they get measles, having it in a remarkably mild form,

* We wish to express our obligation and thanks to the Editor, *Vegetarian News*, for permission to reprint photographs and quote freely from his pages.

all over in 24 hours, and only diagnosed as such because contact with infection was known to have taken place.

As for hardiness, these and other children fed in this way sleep out of doors in the winter by day and frequently run round the garden naked, only the more pleased if they can run in the snow.

But we must bear in mind that there is another factor governing success in child-rearing which is even more important than diet. That is, satisfaction in management through the achievement of right relationships with the child.

In research laboratories, it has been shown that half a litter of puppies fed on a rickets-producing diet, did not get rickets when they had daily exercise and human company. The other half, kept in standard physiological laboratory conditions, developed rickets, being on the same diet, but without the human interest and exercise.

It is important to the success of these diets that there should be, firstly, agreement in the family regarding their use, e.g., that the father should consent to their trial with an open mind ; secondly, confidence on the mother's part, and ability to use common sense in making slight modifications, if these seem to be necessary for individual children ; thirdly, non-interference by relations and neighbours.

The mother who feels that she must safeguard her child from exertion and normal exposure " because he is not having any proper food," or who demands an exact and exhaustive dietary because, not fully trusting the advice she has received, she fears that her alteration of any detail will make the whole a failure, cannot expect success. In the absence of the right conditions for success or the will to carry through the new plan, it is better for the child to be fed on more old-fashioned lines than to be the centre or cause of conflict.

The group of infants we have so far observed have had unusually expert mothers, and we cannot say how much of the success is due to the diet and how much to sensible management. Our experience is still very limited, and we can only put forward these suggestions in a tentative way, but from observations of older children and some brilliant adults fed on these lines, we are convinced (1) that the child so reared will not, as a result, " fail later on " ; (2) that he will be able to undertake harder mental and physical work ; (3) that he need not feel " different " when he grows up, goes to school, etc., except that he will probably be a leader rather than a mediocre follower. Also, it is surely worth while for the individual to make some sacrifices if by this means he is rendered immune from the risk of those common diseases which we have too long regarded as inevitable and which not infrequently result in permanent damage to health. It seems certain that one of the next important steps towards improvement in the nation's

health will be food reform, and that the present generation of infants will be unlikely to encounter much adverse criticism when they grow up. The change is bound to come.

* * * * *

There are two factors governing nutrition which modern research seems thus far to have overlooked. These are (1) that the power of assimilation can be developed and educated to deal with new foods, and (2) that assimilation is largely dependent on psychological harmony or adaptation; or, to put it another way, a dietary must be sanctioned by the unconscious in order to be successful. If these factors are operative and integral—and there is ample evidence that they are—the failure of such nutritional tests as a simple abrupt substitution of foods may not be conclusive, the more so if the habit of life is interfered with. On the other hand, Dr. Bircher-Benner told us that, at his famous clinic at Zurich, he is in the habit of putting patients in all stages of toxicity and digestive failure straight on to a diet entirely or chiefly consisting of raw foods and juices. (A little cooked vegetable is often used, as a placebo only, but bread is eliminated.) This is safe and salutary, and education is rapid. The patient is, of course, resting and inspired with confidence by the presence of his physician. During pregnancy, also, such radical and abrupt change is well tolerated. Even with the ordinary person, however, in almost every case the sudden change to an ordinary vegetarian diet (which includes dairy produce) is entirely feasible.

(1) Evidence that power of assimilation is educable confronts us at every turn. If the diet of a two-months-old bottle-baby is to change from a condensed milk mixture to one composed of fresh milk, and if the change be made abruptly, more often than not great intolerance is produced and the infant will have to struggle with dyspepsia for weeks, or even months. But if one-sixth of each feed is replaced by the new mixture, then one-quarter, and so on, and if some six weeks are allowed for the change, reaction is entirely absent. Similarly, with the introduction of fats and any other foods. We know of an infant who was reared entirely on almond milk from four and a half months (the mother was killed in an accident). At Stonefield we have seen a number of infants weaned on to a diet free from any animal protein and on the whole they have been superior to the ordinary infants whose vegetarian diet included dairy produce. There is no difficulty about growth in most of these cases and dentition, etc., is accelerated, rather than delayed.

In older children and adults the power of assimilation can be enormously increased—educated to deal with simple diets often hitherto regarded as insufficient or indigestible. Instances such as those of a small group of mental and physical workers in Denmark who lived for two years on potatoes and vegetable margarine only

with excellent results as regards health ; of the Indian Yogis, who in some cases seem to overrule the natural laws relating to intake and output of energy ; in the " goldrush " to Klondyke, when men subsisted on old boot leather (!), and in other instances of privation, we see that the digestive functions can be taught to adapt themselves to all kinds of foodstuffs and conditions. The rich and over-indulgent dyspeptic improves amazingly if advised to " live on 6d. a day and earn it." Most remarkable improvements in health and nutrition are produced by a temporary diet of fruit juice only, and these improvements are permanent provided that the abuses be not renewed.

But greatest of all testimonies to the fact that assimilation is educable is to be found in the practice of austerity and fasting which has been taught, as a counsel of perfection, by every great religion. " Holiness " and " true health," indeed, are almost interchangeable.

Modern medicine tends to make us passive and negative. Very often we are encouraged to use proteins that are most *similar* to our own and which need but little *assimilation*. We are still advised sometimes to use predigested foods. We are helped to borrow part of the animal's digestive mechanism, e.g., pepsin, whilst our own falls into abeyance. The word " assimilation " connotes the bringing of an alien or foreign substance into likeness with ourselves. When power of assimilation is strengthened it can deal with the more foreign vegetable proteins.

(2) As we have been authoritatively assured, Mr. George Bernard Shaw had a magnificent father, years ahead of his generation in his understanding of the implications of parenthood. He invited his son to observe in him the unhappy effects of bad habits—such as smoking and, also, we think, flesh-eating and the taking of alcohol—and bade him go and *not* do likewise. No doubt Mr. Shaw, senior, was a perfectly moral and respectable citizen, but he wished his son to understand that efficiency may be seriously reduced by orthodox habits. The matter, however, is more subtle than at first appears. Love in small children finds expression in adopting the parents' ways. It does, in fact, give gratification on both sides. If children are to advance beyond the standard of their parents, it seems necessary for the latter to have the moral courage to recognise their own mediocrity and the desirability of a higher attainment. And there is no reason at all why such recognition should not be entirely acceptable to the parents.

The one point on which all psychologists and pediatricists are agreed is that a child's prime necessity is to be reared in a medium of love. The infant *must* be in agreement at any cost. Children will quite gladly die in order to remain in agreement with their mothers. This love of theirs is entirely unemotional, matter-of-fact and undemonstrative—so much so, indeed, that many are even

unaware of its existence. But it is deadly practical and in earnest. In the case of two children mentioned later (B. P. and T. F.), both demonstrated their desire to imitate their parents in the face of great discomfort. They both, at one period of their lives, began to eat eggs, but had to pass through a stage of vomiting and diarrhoea before they learnt to digest them. Fairly often it happens that a mother has at some time repressed a phantasy in which she saw herself as a noble, self-sacrificing woman, spending herself completely in the nursing of a sick or dying child. It is one of the sexual phantasies of girlhood. Such phantasy may come to the surface later, and the life of one of her children thereby become forfeited, the child thus understanding the mother's need and supplying the necessary occasion for its expression. Such cases and the methods of treatment that are successful shed much light on nutritional difficulties.

In brief, an infant will not thrive on a diet which is not agreeable to its parents or attendants. The youngest baby knows quite well the unconscious needs of its parents. In case after case do we see this law being corroborated. A baby will be thriving splendidly on, let us say, a milk-free diet. Temporarily, it may be, it is placed in charge of different attendants, possibly its grandparents, who have been coached most carefully as to correct methods of feeding. The methods fail immediately, but on return to the first environment once more the child is in thriving condition on precisely the same diet. So it becomes necessary for us to consider the unconscious attitude of the parents. Quite often one has to advise that a vegetarian diet which excludes dairy produce does not and cannot suit the child. In other hands, however, the child would thrive upon it: what happens is that the parents' unconscious objections are at fault. These last are of all kinds, e.g., "I am opposing my mother, who warns me that my child's diet is dangerous. I cannot face her if I fail. I fear failure. I think about it until I *do* fail. Now my mother is right. *Quod erat demonstrandum.*" Or again, "My infant must not miss the best. I will show that this new diet is wrong, for then the old diet must be the better."

Those who have seen and known the children reared on this essentially clean diet cannot fail to be impressed by that "beauty which invariably goes with the highest standard of health." We hope that something of it may be caught in the photographs reproduced here. These children are most striking in appearance and in their unfailing happiness. But we fully recognise the important contribution that their mothers' wise management is making to these outstanding successes. Doubtless the diets, etc., of these two children T. F. and B. P. will be of interest.

T. F.

Parents both vegetarians. In last three months of pregnancy, mother's diet included no eggs, cheese or milk, and very little

bread. Child's age, as shown on centre page, 4 years and 5 months ; height, 3 feet 8 inches ; weight, 3 stones 1 lb. At nine months old weaned on milk-free diet, which still continues. No animal protein for first two years. Teething took place with no difficulty or peevishness. Of exceptionally happy and active disposition. No illnesses of any kind, except slight fever (undiagnosed) for three days. Sleeps out on a verandah.

Diet (selected by himself) : chiefly grapes, raisins, nuts, apples, salads (with raw spinach, cabbage, carrot, beetroot), honey, olive-oil, orange-juice, grape-juice ; also one-eighth oz. " Trusoy," 2 oz. bread, and 2 oz. vegetable-juices daily, with average of $1\frac{1}{2}$ oz. cheese weekly and three eggs per month. A favourite dish with this and similar infants is : grated apple, olive-oil, and grated nuts, all mixed together.

B. P.

His diet has been as follows :—

At birth.

Breast-fed for two weeks ; after that, a proprietary brand of " humanised " milk. (No record of amounts kept, but at that time somewhat overfed.)

Aged three months.

Slowly graded from weak unsweetened condensed milk-mixture to fresh humanised milk-mixture ; 1 oz. raw carrot juice given daily ; commenced orange juice.

Aged six months.

Humanised fresh milk-mixture (about 40 oz.) ; 1 oz. raw carrot juice daily ; continued orange juice.

Aged nine months.

Gradual transition to milk-free diet (example : at nine-and-a-half months daily diet included only 10 oz. milk, before dilution ; otherwise, diet much the same as at ten months, particulars of which see below).

Aged ten months.

Milk-free diet, as follows :

7 a.m.—2 mashed bananas, or 1 apple and 1 banana ; juice of 1 orange.

10 a.m.—4 oz. grated potato ; 1 teaspoonful " Trusoy " ; 2 teaspoonfuls butter ; water, or orange juice ; crust.

2 p.m.—4 oz. potato ; 1 teaspoonful " Trusoy " ; 2 teaspoonfuls butter ; 1 tablespoonful greens ; a little grated raw carrot ; 2 oz. raw carrot juice ; vegetable water.

6 p.m.—Banana ; peaflour mixture ; orange juice ; honey.

(A few drops of " Ostelin," a preparation of Vitamin D obtained from non-animal sources, were also given daily.)

Aged fourteen months.

Back to milk diet again for six weeks, as follows :

7 *a.m.*.—Orange juice.

8 *a.m.*.—6 oz. milk diluted with 2 tablespoonfuls water ; banana ; crusts.

Mid-day.—Potato ; butter ; spinach or other vegetable ; portion of light pudding ; baked apple, or other fruit ; 4 oz. milk, as above.

After fifteen-and-a-half months.

Back to milk-free diet, as follows :

7 *a.m.*.—Orange juice ; a thinly-peeled apple.

8.30 *a.m.*.—2 Canary Island bananas (or a sun-dried variety when these were not available) ; 3 heaped teaspoonfuls "Trusoy" ; honey ; crisp toast, made from Allinson's wholemeal bread, and butter ; fresh grape juice, or juice of tinned pineapple, or juice of stewed fruit.

10.30 *a.m.*.—Drink of water.

12.30 *p.m.*.—Potato ; butter ; two heaped teaspoonfuls ground nuts (mixed), or, twice weekly, "Trusoy" instead of nuts ; two or three vegetables ; 4 oz. raw carrot juice, or warm vegetable water ; baked apple with honey, or tinned apricots, or seedless raisins, or dates (sometimes a fresh pear or peach). Occasionally, a green salad, with the usual tomato, etc. (tomatoes always being sieved to remove pips) has been given, and recently this has entirely taken the place of the cooked vegetables except the potato.

The success of the child's protein metabolism, in the absence of animal proteins, was partly due to the use of a soya flour as here mentioned. For authoritative suggestion as to this the reader is referred, *inter alia*, to the volume entitled "The Vegetable Proteins," by T. B. Osborne, published by Longmans.

4 *p.m.*.—Drink of water.

5 *p.m.*.—Lettuce or watercress sandwiches, with a little "Trusoy" (on days when salad has been given for dinner, bread-and-honey instead of sandwiches) ; cup of "Marmite" (about half a small teaspoonful), or vegetable water, or orange juice.

(A similar diet, with larger quantities, still continued to be given at two-years-and-two-months old.)

At the time of publication of this dietary T.F. is over 6 years old—he still has about $1\frac{1}{2}$ ozs. of cheese a week and about 3 eggs a month.

B. P. is $4\frac{1}{2}$ years old and is still on his diet with no eggs, milk or cheese. Since ten months old he has only had milk for 6 weeks and eggs and cheese for 3 weeks.

They are both in superb condition.

By kind permission of the Editor we reprint from the *Vegetarian News* an account of another vegetarian baby on a reduced milk ration. This account is very valuable as showing a perfectly healthy and successful baby managed by a very healthy mother possessing robust common sense :—

“ I have compiled my small son’s record of progress for the benefit of those who would like further evidence of the advantages to be obtained from vegetarian diet. I am not calling it D. W.’s ‘ health ’ record, because there is nothing to write about his health beyond stating that it has always been perfect. D. W. has not completely given up milk (as did B. P., whose history appeared in last November’s issue of *The Vegetarian News*). This is because he likes it very much, and there has not seemed sufficient reason to make him forgo his daily half-pint. It is quite possible that he will not object to further replacements by fruit- and vegetable-juices when heat waves arrive. As in B. P.’s case, the success of the diet is probably due in large part to the use of the * soya bean.

RECORD OF PROGRESS AND DIET.

Age.		
At birth.	Weight 6 lbs. 10 ozs.	Breast fed.
3 months.	Weight 15 lbs. 1 oz.	
6 months.	Weight 15 lbs. 5 ozs. Sitting up.	Weaned. “ Grade A ” milk, water, lime water, and dextrin- maltose. Orange juice.
6½ months.	2 teeth through.	Daily raw carrot-juice, “ Radio- Malt,”† “ BeVita,” rusks, banana-and-raisin pulp.
8 months.	4 teeth.	6 a.m. feed dropped. Potato and other vegetables. Butter.
9 months.	Weight 18 lbs. 13 ozs. Pulling-up to standing position.	Three meals a day only. “ Tru- soy ” (soya bean flour).
10 months.	6 teeth.	Milled nuts. Dates.
12 months.	8 teeth.	Grated apple.
14 months.	Weight 24 lbs. Walk- ing freely alone.	
16 months.	8 more teeth in 2 weeks without trouble. Using 60 words.	

* The Soya flours in this country are not made of the best Soya beans (i.e., Foley’s large yellow variety) and should be used only in small quantities.

† It is understood that the vitamin A present in the “ Radio-Malt ” was obtained (as in this case with most, if not all, proprietary articles) from the animal kingdom. But it may be pointed out that the carrot-juice, also stated to have been given at the same period, would almost certainly contain sufficient carotene to supply the child’s need in this regard, the additional vitamin A content in the “ Radio-Malt,” in the present instance, being redundant. It should be added that “ Radio-Malt,” also contains vitamins B and D, both of which are obtained from vegetable sources.—Ed.

18 months.	Weight 26½ lbs. (over 2-years average). Height 32½ ins. (over 2-years average). Using 200 words.	8 a.m. Banana, dates and milled nuts. Other fruits and juices. A little milk. 10.30 a.m. Orange and raisin juice.
22 months.	Using sentences. Sleeping from 12—2.30 p.m. daily, and all night until 7.30 a.m. Intensely active when awake. Bowels move three times daily.	2.30 p.m. Vegetables. Salads. Potato. Carrot (juice and grated). "Trusoy." Butter. "BeVita." Dates and rusks. Milk if desired. 4.45 p.m. Rusks. Butter. Honey. Wholemeal biscuits. Milk.

"The mere fact that there is nothing sensational about this record may encourage some mothers who feel that they dare not risk too 'drastic' an experiment. The dietaries of Stonefield Maternity Home were closely studied, and adapted to meet D. W.'s requirements. The last phrase may be misleading. It is better to *anticipate* requirements by a reasonably early introduction of new foods rather than to postpone innovations because all is apparently going well. The lag-behind mother must expect a lag-behind child in the long run. D. W. could not have managed happily on three meals a day at nine months if he had not been already well used to assimilating a valuable mixed diet. He did not have to go through a transitional stage of eating soft cereals, because he learnt early to work hard with his jaws. I have had no food fusses, and D. W. was feeding himself at fourteen months. His dinner is very late because he seems nicely ready for sleep by noon, and only just ready to rouse up when fetched at 2.30 p.m. Hence his tea is a light meal. He might almost be called a two-meal-a-day boy now."

Without unduly experimenting on infants, we cannot fail to take note, in our experience, of the variety of dietaries and their effects. We must go slowly and cautiously, but observation of those effects, from the time of leaving the breast onwards, is slowly leading us more and more in the direction of a vegetarian diet which does not even include dairy produce. We are finding it advantageous to use fruit and vegetable juices and vegetable pulps at earlier stages. It is a cheerful occupation, and we look forward gladly to the time when experience, confidence and humane understanding will permit the child—the true ensample of gentleness—to come of age without depending for his maturity on violence done to the animal kingdom.

